

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 31D0113242	(X3) Date Survey Completed 10/25/2018
Name of Provider or Supplier Tenafly Pediatrics	Street Address, City, State 32 Franklin Street, Tenafly, NJ	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D5807	<p>TEST REPORT CFR(s): 493.1291(d)</p> <p>Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results.</p> <p>This STANDARD is not met as evidenced by: Based on the surveyor review of the Test Reports (TR) and interview with the Laboratory Director (LD), the laboratory failed to have a Reference Range (RR) for all parameters reported on a Complete Blood Count (CBC) from 10/2/14 to the date of the survey. The finding includes: 1. The TR did not have a RR for Red Blood Cells (RBC), Hemoglobin (HGB), Hematocrit (HCT) and White Blood cell Count (WBC). 2. The LD confirmed on 10/25/18 at 11:10 AM that the above parameters did not have a RR on the TR.</p>
D6021	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(5)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(5) Ensure that quality assessment programs are established and maintained to assure the quality of laboratory services provided.</p> <p>This STANDARD is not met as evidenced by: Based on the lack of a Quality Assessment (QA) program and interview with the Laboratory Director (LD), the LD failed to establish a QA program for laboratory</p>

testing from 10/2/14 to the date of survey. The findings include: 1) This deficiency was previously cited. 2) The Plan Of Corrections (POC) stated "A QA program will be established to include evaluation of record keeping and transcription verification of medical records. Monthly evaluations will be put into effect". The LD confirmed on 10/25/18 at 10:50 AM that a QA program was not established.